

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist's partnership, firm or corporation, if any:			
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
()(Telephone)	()(Fa	e-mail	(-F)
III. This statement covers: (Choo reportable expense transactions v	se one – file separate rep which are not attributable	orts for each client, OR you e to any one client).	may file a separate report for
All reportable transactions occu	urring in the months prior to	o the reporting date relative to	the following client:
American Chall Name of	mistry Confederation of Client as it appears on the I	rincil	
OR ☐ All reportable transactions by the unrelated to any particular client.	e lobbyist (including the lo	obbyist's family), or the lobby	ing firm listed below which are
IV. Date of Report April 26, 2 Reports cover: activity from date of	2017 \Box If registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30	/17 _/
October 2: activity from 7	5, 2017 7/1/17 to 9/30/17	January 31, 2018 activity from 10/1/17 to 12/	
V. There have been no fees rec If this box is checked, complete just Concord, NH 03301.			
VI. Check if additional reports an	e attached:		
☐ If you have received fees or ma			•
☐ If you have paid an honorarium Expense Reimbursement	or reimbursed expenses, y	you must file Addendum B—	Report of Honorariums or
☐ If you, your firm, or your famil	y has made political contri	butions, you must file Adden	dum C-Political Contributions
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B, RS and complete to the best of my kno	A 14-C and RSA 664 and	hereby swear or affirm that th	e foregoing information is true
(Signature of lobbyist)	est.	<u> 119118</u>	Date)
Stephen Rosch (Print Name of lobbyist)	10	,	RECEIVED

JAN 1 1 2018